BINDING

PLACE OF DEATH

2558

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 600

	Registration Dist. No. 6
Village or City (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
S DATE OF BIRTH Job 28 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended decessed from, 191, to, 191, 191, 191, 191
TAGE (Month) (Hay (Tear) if LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, st. 7 2 m, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Many Law	Contributory Secondary
10 NAME OF THE CHANGE Barriolis 11 BIRTHPLACE OF FATHER (State or country) Maryland 2 Maiden NAME OF Mother Carling Gradeh	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) William To perfect on the	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
(Address) Lucbys Filed War 5, 191 + Lip & Chambers	19 PLACE OF BURIAL OR REMOVAL Stroken a M Echurch mas 5, 191 4. 20 UNDERTAKER ADDRESS

REGISTRAR

If mere blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 de.; "Senile," etc.), (Recommendations on statement of "Dropsy," "PUERPERAL septichae-State cause for "Exhaustiou," Never report



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT RECORD

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

CAUSE OF

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1 B. No.

2559 PLACE OF DEATH

STATE OF MARYLAND CEDTIFICATE OF DEATH

County alvert	CERTIFICATE OF DEATH
all	Registration Dist. No.
Village or City Chauley (No, Production of Production	St.; Ward) [It death occurred is a hospital or institution give its NAME instead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Strict the word)	16 DATE OF DEATH March 14 , 1914 (Month) (Day) (Year) 17 HEREBY CERTIFY, That I atjended deceased from
B DATE OF BIRTH (Month) (Day) (Year)	May 1912, to March 14 1914, that I list sow him alive on March 14 1914
TAGE if LESS than 1 day,hrs. ORmio.? B OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER W. Gec Bracky 11 BIRTHPLACE (State or country) M. Gec Bracky M. Gec Bracky	(Signed) C. P. S. Called , M. D. (Signed) C. P. S. Called , M. D. , 191 (Address) Decelerate Male
12 MAIDEN NAME OF MOTHER OLLY C, Smith 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds.
(Interment). Milliam . See Brack	Where was disease contracted, if not at place of death? Former or usual residence
(Address) State Begistra	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS T, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

. (a) Spinner, cated thus: Farmer (retired 6 yrs.). Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question the nature of the business or indust; and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupaetc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and quality as mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronia dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.;



B. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS See Instructions on back of certificate. WITH Every item of information should be CAUSE OF DEATH in plain terms, se WRITE Important. N. B.

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1 PLACE OF DEATH Calunt

STATE OF MARYLAND CERTIFICATE OF DEATH

			Dist.		1 1
Dad	I maket	Allen.	Diet	Ma	9
KOK	13 11 (111011	DIST.	THU.	an annanalin

	Registration Dist. No.
Village or City / furthing lowy (No. 190)	St.; Ward) [If death occurred is a hospital or Institution give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Black Of Birth	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191, to
(Month) (Day) (Year)	that I last saw h alive on
7 AGE If LESS than t day,	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Frade, prefession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Chronic Mephistic work 1 don pay (Ouration) yrs mos ds
(State or country)	Contributory (Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER DON'T ENVIRONMENT OF FATHER (State or country)	(Signed) 10, Fith M. D. 3/4 , 1914 (Address) Veneting home
(State or country) 12 MAIDEN NAME OF MOTHER DON / Enou	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place to the of death yrs mos ds. State yrs mos ds.
(Informant) Bull, Rolling	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Churching lower	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3/6 , 191.4
Filed 4 3 ,1914 Allling	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

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Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cbildbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Angemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio ter" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of The contributory tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH

2561 34

STATE OF MARYLAND CERTIFICATE OF DEATH

County County	
	Registration Dist. No.
Village or City (No	St.; Ward) [It death occurred in a hospital or institution,
	give its NAME Instead
S /1/8/.	of street and number,]
FULL NAME Caral Cunab	M) Suerces
	II
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLONOR RACE 5 SINGLE, 5 1 //	16 DATE OF DEATH MA - 1/ 5/
MARRIEO WILDOWES	1914
OROIVORCEO (Write the word)	(Month) (Day (Year)
	Mar 24 multiple That I attended deceased from
DATE OF BIRTH	1914, to mar 20, 1914,
maren 4 1848	that I last saw har allys on march 24 1914
(Month) (Day (Year)	that I last saw harmalive on waren 27,1914
⁷ AGE if LESS than	and that death occurred on the date stated above, at 6 m.
6 / 5 y 1 day,hrs.	The CAUSE OF DEATH* was as follower
yrs, mos ds. OR min.?	(Plonisiano Unemia
BOCCUPATION	
(a) Trade, profession, of Jones Keeper particular kind of work	010000000000000000000000000000000000000
(b) General nature of Industry, business, or establishment in	aram 5
which employed (or employer)	(Duration) yrsmosds.
A	Contributory
9 BIRTHPLACE (State or country) Mary Land	Secondary
	(Duration) yrs mos ds.
10 NAME OF	(Signed) Co Chambers MOD.
ander Cullember	
of Farmer Maryland (State of country)	Mar 26, 1914 (Address) Custro 7221
11 BIRTHPLACE OF FATMER (State of country) 12 MAIDEN NAME OF MOTHER A hala Towler	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OC 12 MAIDEN NAMES OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Mahala Towles	
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE' OF MOTHER	At place in the
OF MOTHER (State or country) Snaryland	of dealh yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
January Franches	Former or
(Informant)— famules voice Cer	usual residence
Vustro mil	19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL
(Address).	8/18 1 mg 01 1 mar 28 1
15	or and church 3, 191. F.
Filled Mar. 26 1914 Tes U Chambres	20 UNDERTAKER APPRESS
REGISTRAR	Caward Humphrage Cove Of med
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
The state of the s	the state of the s

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Icsis of lungs, meninyes, peritonaeum, etc., pneumonia"); brospinai meningitls"): term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pnenmonia," "Croup";) fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhold Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Diphtheria (avoid use of Tubereu-Carcin-

> mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malls. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." schsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal schtichae-"Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustlon," Never report



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PHYSICIANS should OCCUPATION RECORD ERMANEN Exact stated classified. pe pinode THIS properly AGE INK supplied. pe UNFADING msy certificate. carefully that 50 pe back terms, pinous 00 Information

plain Instructions 2 DEATH See Every Item CAUSE OF mportant.

2562 ATE OF MARYLAND CERTIFICATE OF DEATH alan Registration Dist. No ... Ilf death occurred inWard) a hospital or Institutico. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE, 4 COLOR OR RACE WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Day) TAGE If LESS than and that death occurred on the date stated above, at... 1 day,hrs. OR min. ? BOCCUPATION (a) Frade, profession, or (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place OF MOTHER to the (State or country State yrs. ____ mos. . Where was disease contracted. If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekccpers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (retired 6 yrs.). For persons "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carciniosis of lungs, meninges, periionaeum, etc.. Carciniosis

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BUREAU, V.S.

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PHYSICIANS

RECORD

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DEATH

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13 BIRTHPLACE OF MOTHER (State or country)

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AGE

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County, Registration Dist. No (No..... ...Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE if LESS than and that death occurred on the date stated shove, at, 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed). 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

OR RECENT RESIDENTS)				
At place	In the			
of death yrs mos ds.	State	yrs	mos.	ds
Where was disease contracted,				
If not at place of death?	······································			damen man
Former or				

19	PLACE	OF	BURIAL	OR REMOVAL	
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DATE OF BURIAL

If death occurred in

(Year)

a hospital or institution.

give Its NAME Instead of street and number. 1

(Day

20 UNDERTAKER ADDRESS

usual residence

If more blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precisc statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name, first, the death causing death all respect to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin

nant neoplasms); Meastes; Whooping cough; Chronie thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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1 PLACE OF DEATH

2564

STATE OF MARYLAND CERTIFICATE OF DEATH

C/	Registration Dist. No. 52
Village or City Francis (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. Married Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH MANCH 17, 1914 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h amalive on 1918.
7 AGE 29 yrs mos ds. or min.?	and that death occurred on the date stated above, at 0.50 7 m, The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Chout yrs. 9 mos. ds. Contributory
(State or country) Maryland 10 NAME OF FATHER	Secondary (Duration) yrs mos ds. (Signed) , M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental,
of MOTHER trisilla laylor 13 BIRTHPLACE OF MOTHER (State or country) Nam Canal	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Francisco Johnson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ohns I'M Echurch Mar- 15, 1914 20 UNDERTAKER Will Smothers Oliver med

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

eausing death (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia." pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same discase. Examples: Cerebrospinal time and causation), using always the same accepted "Cronp";) fever (the only definite syuonym is Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid Diphtheria "Epidemic cere-(avoid use

> valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Cancause of death approved by Committee ou Nomencla-"Contributory." mia," "Puerreral peritonitis," etc. State eause for ehildbirth or misearriage as "Puerperal septiehaeeause. mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "luanition," "Marus "Collapse," "Coma," "Couvulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the genital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of may be stated under the head (disease eansing death), 29 ds.; "Dropsy," "Exhanstiou," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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If more blanks are needed, address State Registrar, & E. Franklin St., Ralto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 50

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Ilf death occurred in a hospital or Institution, give its NAME Instead of street and number.]

ADDRESS

16 DATE OF DEATH			- th	
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	(Mo	nth)	(Day	(Year)
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and that death occurre	d on the da	te atated	above, at	
The CAUSE OF DEAT	H* was as	ollows:	. 1 -	
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At place of death yrs Where was disease contract	mos ds.		yrs,	. mos.,

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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus." "Old Age," "Shock," "Uraemla," "Weakness," merc symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inaultion," "Marasgenital," Bronchopneumonia (secondary), 10 ds. ample: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations ou statement of may be stated under the head "Dropsy," "Exhaustlon," Never report



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

STATE OF MARYLAND 1 PLACE OF DEATH 2566

Village or Gity, (No. St.; Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS	County Latrer	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX **COLOR OR RACE SHIRALT MODIONICED	(,	Registration Dist, No.
3 SEX 4 COLOR OR RACE SHOCKE, WIDOWER, ORDOWERS, ORDOWE	Village or Gity Wellow (No	St.; Ward) a hospital or Institution, give its NAME instead
3 SEX 4 COLOR OR RACE SHOCKE, WIDOWER, ORDOWERS, ORDOWE	-FULL NAME	
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B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAJDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE (State or Country) 14 THE ABOVE (I TRUE TO VILESEST OF MYKNOWLODGS (Informant) (Informant) (Informant) 16 THE ABOVE (I TRUE TO VILESEST OF MYKNOWLODGS (Informant) (Informant) 16 THE ABOVE (I TRUE TO VILESEST OF MYKNOWLODGS (Informant) 16 THE ABOVE (I TRUE TO VILESEST OF MYKNOWLODGS (Informant) 17 PLACE OF BURIAL OR REMOVAL (Informant) (Informant) 18 PLACE OF BURIAL OR REMOVAL (Informant) (Informant) 19 PLACE OF BURIAL OR REMOVAL (Informant) Address (Informant) 10 PLACE OF BURIAL OR REMOVAL (Informant) 10 PLACE OF BURIAL OR REMOVAL (Informant) 11 PLACE OF BURIAL OR REMOVAL (Informant) 12 PLACE OF BURIAL OR REMOVAL (Informant) 14 PLACE OF BURIAL OR REMOVAL (Informant) 15 PLACE OF BURIAL OR REMOVAL (Informant) 16 PLACE OF BURIAL OR REMOVAL (Informant) 17 PLACE OF BURIAL OR REMOVAL (Informant) 18 PLACE OF BURIAL OR REMOVAL (Informant) 19 PLACE OF BURIAL OR REMOVAL (Informant) 10 PLACE OF BURIAL OR REMOVAL (Informant) 10 PLACE OF BURIAL OR REMOVAL (Informant) 10 PLACE OF BURIAL OR REMOVAL (Informant) 11 PLACE OF BURIAL OR REMOVAL (Informant) 12 PLACE OF BURIAL OR REMOVAL (Informant) 14 PLACE OF BURIAL OR REMOVAL (Informant) 15 PLACE OF BURIAL OR REMOVAL (Informant) 16 PLACE OF BURIAL OR REMOVAL (Informant) 17 PLACE OF BURIAL OR REMOVAL (Informant) 18 PLACE OF BURIAL OR REMOVAL (Informant) 19 PLACE OF BURIAL OR REMOVAL (Informant) 20 UNDERTAKER (INFORMANT)	and and a second	that I last saw halive on
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

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BUREAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH 10 pinoda OCCUPATION gistration Dist. No. fif death occurred in PHYSICIANSWard a hospitat or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY 16 DATE OF DEATH 7 WED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from tated classified. (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, st. pinous 1 day hrs. DEATH * was as follows: OR 7 properly BOCCUPATION AG (a) Trade, profession, or particular kind of work (b) General nature of industry. supplied. pe business, or establishment in may which employed (or employer certificate. BIRTHPLACE (Secondary) (State or country) carefully that It 10 NAME OF FATHER 80 00 pe back 11 BIRTHPLACE terms, RENT OF FATHER (State or country) pinoda *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-50 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain 4 OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, of Information OR RECENT RESIDENTS) 13 BIRTHPLACE _ At place in the OF MOTHER (State or country) of death _____ yrs. mos. DEATH State Where was disease contracted, See If not at place of death? Former or CAUSE OF usual residence important. DATE OF BUBIAL 15 Filed 8 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should he used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can he known. The question who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

losis of lungs, meninges, peritonacum, etc.. pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercu-"Croup"); brospinai fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using aiways the same accepted causing prate (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE meningitis"); Diphthcria Typhoid fever Examples: Ccrebrospinal (never report "Typhoid (avoid use

> mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronical ver" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of . "Contributory." Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may he stated under the head (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Never report Examples: For VIO-



V. S. No. 1.

PLACE OF DEATH 2568	STATE OF MARYLAND
County Cally	CERTIFICATE OF DEATH
Village or City Mur Mulual No. 7	Registration Dist. No. St.; Ward) St.; Ward) [if death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Color of RACE MARRIED, Munu Write the word) B DATE OF BIRTH MONTH (Month) V (Day) (Year)	16 DATE OF DEATH MINE (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from 1914, to Miss 24, 1914, that I last saw h is alive on Muss 24, 1914.
7 AGE 36 yrsmosds. 1f LESS than 1 day,hrs. 0Rmln.?	and that death occurred on the date stated above, at 12 m, The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	Ito Bumne
business, or establishment in which employed (or employer)	(Duration) yrs ds.
S BIRTHPLACE (State or country)	(Secondary)
10 NAME OF Mayor Johnsten	(Signed) (Buration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER SUSCILLARIES	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Calput	At place In the ot death yrs, mos ds. State yrs, mos ds.
(informant) (informant) (informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Multiple 15	19 PLAG OF BURIAL OR REMOVAL PATE OF BURIAL M1 23 1914
Filed April 3rd, 191/4 thorges thereon focal REGISTRAR	20 UNDERTAKER BY STORESS Crush

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the bousehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Leaithful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquailfied, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State (name origin: "Can "Exhaustion," Examples: cause for For vio-



UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very

so that it may be properly classified. Exact statement

carefully supplied. certificate.

Important, See instructions on back of

N. B.—Every Item of information should be CAUSE OF DEATH in plain terms, se

AGE should be stated EXACTLY.

RECORD

PERMANENT

S. No. 1.

1 PLACE OF DEATH

2569

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 51

FULL NAME John H	St.; Ward) St.; Ward) a hospital or institution give its NAME losteau ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDINGRED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month Mont	that I last saw har alive on make 28, 1914, so that I last saw har alive on the date stated above, at 6 km. The CAUSE OF DEATH* was as follows:
(a) Frade, prefession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Dur to face Lujuria de la
10 NAME OF FATHER Column Jones 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place et death?
(Informant) (Address) Sumulaing lanour 5 Filed 4/3 , 1914 SMILing REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL Mele 30, 191 4 20 UNDERTAKER Buy Sewell Willows Mil
If more blanks are needed, address State Registrar	; 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiworked on may form part of the second Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 de.;



N. S. No. 1.

e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT INK-THIS Item of information should be carefully supplied. UNFADING See Instructions on back of certificate. PLAINLY, WITH DEATH in plain terms, WRITE N. B.—Every Item CAUSE OF Important.

1	PLACE	OF	DEATH	25
	1	-	/	

2570

County Calant

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Mulling hung (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME lostead
2 FULL NAME freigh	Coul Gr. et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw have alive on 7 de 17, 1914.
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at
*OCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Broncho Pumonia (Duratioo) yrs. mos. /8 ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs mes ds. (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lot death yrs. mos. ds. State yrs. mos. ds.
(Informant) As Leading To the BEST OF MY KNOWLEDGE (Address) Assuling to war.	Where was disease contracted, It oot at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed april 4, 1914 AMCing REGISTRAR	Huntingtone met 19, 1914 20 UNDERTAKER John Markall Kundington
If more blanks are needed, address State Registral	e, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illduties of the bousehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust;; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "PUEEPEEAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronis ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (disease causing "Dropsy," "Exhaustion," (name origin; "Candeath), 29 da.



1	state very
1	should ION is
RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

. Amaria	, ,
571	STATE OF MARYLAND CERTIFICATE OF DEATH
	CERTIFICATE OF DEATH
	Registration Dist. No. 5

PLACE OF DEATH 2571	OL STATE OF MARYLAND
County Calant	Registration Dist. No.
Village or City Hewlungtong (No	St.; Ward) St.; Ward) St.; Ward) give lis NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Black (Write the word)	16 DATE OF DEATH Month (Month) (Day) (Year)
B DATE OF BIRTH Don't I'm and	17 I HEREBY CERTIFY, That I sttended deceased from
(Month) (Day) (Year) AGE If LESS than 1 day, hrs. OR mio.? BOCCUPATION (a) Trade, profession, or particular klod of work lub bure.	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows: Drink Building
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Atama Selection (Secondary)
10 NAME OF FATHER Jacus Party 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, It not at place of death?————————————————————————————————————
Filed 4/3 1914 Andring REGISTRAR	DATE OF BURIAL OR REMOVAL Leveling lown 20 UNDERTAKER W. J. F. J. Fulchin M. J. Jannon
If more blanks are needed, address State Registrat	r. 6 E. Franklin St. Balto Pequasting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotion mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mid," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BUREAU V.S.

PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. 4 should be UNFADING INK-THIS IS AGE carefully supplied. certificate. DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH of information

CAUSE OF Important. S

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S. No. 1.

1 PLACE OF DEATH 2572

STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty		5
		Registration Dist.	No
Vil	lage or City Fragier (No	St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 51		(Month) I HEREBY CERTIFY, That I a	23 ,1914 (Day (Year)
6 p	ATE OF BIRTH		. 191.3.
		1917, to	
	(Month) (Day (Year)	that I last saw harmalive on	, 191.3.
7 A	8 4 yrs mos ds.	and that death occurred on the date stated at the CAUSE OF DEATH* was as follows:	sove, at / 2/00 m
(a pa (b) bus	CCUPATION) Trade, protession, or Factorial rticular kind of work) Beneral nature of industry, siness, or establishment in	(Duration) 5	yrs mos ds
-	IRTHPLACE (State or country)	Contributory Secondary (Duration)	vrs. mos. ds
ARENTS	10 NAME OF FATHER ORISH Phillips 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 7	(Signed) May 25 191 4 (Address) *State the Disease Causing Death, or, it Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	n deaths from Violent
PA	13 BIRTHPLACE OF MOTHER (State or country)		yrs, mos, ds
14 -	(Informant)	Where was disease contracted, It not at place of death? Former or Usual residence Learnel Russia	luce
16 Fl	(Address) Frage Filed Flanders Ned Mar 25, 1914 Lis F Chambers REGISTRAR	319 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL PLAN 25, 1914 ADDRESS Livet Tris

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Canthree of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which snrgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," "Senile," etc.), Brouchopneumonia (secondary), 10 ds. ample: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; (Recommendations on statement of may be stated nuder the head "Dropss," "Exhaustion," Never report



No. 1.

02

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1 PLACE OF DEATH

(Address) ...

Filed Mar_ 16, 19

16

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Village or C	ULL NAME	avid C.	Petto S.	St.;Ward)	[It death occurred in a hospital or institution, give its NAME Instead of street and number.]
PER	SONAL AND STATISTIC	CAL PARTICULARS	MEDI	CAL CERTIFICATE OF	FDEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, MALLYN	16 DATE OF DEATH	march	15 , 1914

Male Color or RACS Single, MARRIED, MALL WIDOWED (Write the word)	(Month) (Day (Year)
March 25, 185	that I last saw h mallye on 5 26 - 15 , 1914
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at 8 300 in The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. d
(State or country) 10 NAME OF FATHER CHOWNERS DUTTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF THE STATE OF THE ST	(Signed) Transfer (Address) Causing Death, or, it deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
of Mother Country 13 BIRTHPLACE OF MOTHER (State of country) The Above is true to the Best of My knowledge	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the ot death yrs, mos. ds. State yrs, mos. d Where was disease contracted, if not at place of death?

DOR REMAKA

DATE OF BURIAL

ARDRESS

REGISTRAR

It more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be iudi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite saiary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupathus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla "Contributory." mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus." "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Mcdical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Semile," etc.), (Recommendations on statement of may be stated under "Dropsy," "Exhaustion," Never report For vio



Y. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS A WRITE

PLACE OF DEATH 2574	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Plane St. (No	[it death occorred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED	16 DATE OF DEATH Much 3, 191.4
G DATE OF BIRTH Write the world (Write the world (Write the world (World (World (World (Day) (Year)	HEREBY CERTIFY, That I attended deceased from 1924, to min 4, 1914, that I last saw have alive on " 3, 1914,
TAGE It LESS than 1 day,hrs. ormin. ?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory (Secondary)
10 NAME OF arthur Sewell	(Signed) 77 76329 , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Case Involved 13 BIRTHPLACE OF MOTHER (State or country) Md	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mes, ds.
(Informant) Ciffee Sewell	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Fline Ry	19 PLACE OF BURIAL OR REMOVAL MA Clim 20 UNDERTAKER, ADDRESS
Filed Mah 4 , 191 4 Milling REGISTRAR	Deng markage Plyon Ph

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

- (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (\overline{q})

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BUREAU, V.S.

Every item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 5
11081311 111011	D100	B 2 W 1-11100011 W-111111

.St.:---.. Ward)

fif death occurred in a hospital or Institution, give its NAME lostead

	* FULL HAME, thoy Word	of stroot and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SI	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Month) (Month) (Day) (Year)	
6 D	PATE OF BIRTH Sept (White the word) (Month) (Day) (Year)	that I last saw h alive on 1913.	
7 A	1	and that death occurred on the date stated above, at 7:30 f.m. The CAUSE OF DEATH* was as follows: Chronic Whoulas Leat during	
(a	OCCUPATION) Trado, profession, or School que rticular kind of work	(Congental)	
bus) Benoral nature of industry, siness, or establishment in ich employed (or omployer)	(Duratioo) / / yrs. 6 mos ds.	
9 8	IRTHPLACE (tate or country)	Gentributory (Secondary) (Deration) yrs mos ds	
TS	10 NAME OF FATHER Ashly Ward 11 BIRTHPLACE 2	(Signed) A Per , M. D. Mush LO, 191 Ly (Address) M. Oftendree, Jud.	
REN	OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
PA	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.	
(informant) Tolh - Tole		Where was diseaso contracted, If not at place of death? Former or usual residence.	
15	(Address) James Mil.	Hnes thep Date of Burial Mch 11, 1914	
Fil	100 MOD 10 191/4 DE HARENE av	20 UNDERTAKER ADDRESS Q. Q. Cop	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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